

## **HIPAA PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Dr. T's Pediatrics PLLC**, understands that your medical information is private and confidential. This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It will tell you about the ways in which we may use and disclose your health information, and the safeguards we have put in place to protect it. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

### **WHO WILL FOLLOW THIS NOTICE**

Dr. T's Pediatrics PLLC is a hybrid entity under HIPAA; providing services as a health care provider through health care components (HCC) which are covered under HIPAA, and public health services to the City of New York, which are exempt under HIPAA. This notice describes Dr. T's Pediatrics PLLC health care components' practices regarding your protected health information. It applies to all employees, students, and volunteers authorized to give, receive, or share your health information for treatment, payment, or regular health operation purposes described in this notice.

### **OUR DUTIES TO YOU REGARDING YOUR PROTECTED HEALTH INFORMATION**

"Protected health information" is individually identifiable health information expressed in the form of oral, written, or electronic communications. This information includes demographic information such as your age, address, e-mail address, and other information that relates to your past, present, or future physical or mental health or condition and related health care services. Our clinics are required by law to:

- Make sure that your protected health information is kept private.

- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.

- Follow the terms of the notice currently in effect.

- Communicate any changes in the notice to you.

### **GOVERNMENTAL PRIVACY LAWS AND REGULATIONS**

There are several other federal, state and city privacy laws that provide stronger restrictions about the uses and disclosures of health information. These laws include limitations addressing substance abuse treatment, HIV/AIDS testing and treatment, sexually transmitted disease treatment, and mental health treatment. These stricter laws have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that we use and disclose your health information. **Required Uses and Disclosures.** By law, we must disclose your health information to you unless it has been determined by a medical professional that doing so would be harmful to you. If requested we must also disclose your health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protections of your health information.

**Treatment.** We may use your health information to provide you with treatment or services. This includes your physician's recommendations and those of other professionals such as specialty physicians or lab technicians providing your care.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

**Payment.** Your protected health information will be used, as needed, to bill and collect payment for treatment and services provided to you. We may share information about a treatment you may be given to your health insurer or health plan such as Medicaid or a managed care organization to get approval for payment.

**Health Care Operations.** We may use and disclose health information about you for regular health care operations. The medical staff in this clinic will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide. We will share your protected health information with third-party "business associates" who perform various activities (for example, billing services) for the clinic. The business associates will also be required to protect your health information.

We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning your identity.

**Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or care at a clinic. These reminders will not identify the purpose of your visit.

**Required by Law.** We will disclose health information about you when required to do so by federal, state or local law.

**Public Health Activities.** We may disclose your protected health information without your consent to NYC DOHMH. As a public health authority, the NYC DOHMH has the legal authority to collect or receive your protected health information for the purpose of preventing or controlling disease, injury or disability, including but not limited to the reporting of disease, births or deaths, and the conduct of public health surveillance.

**Child Abuse.** We may disclose your protected health information to the appropriate governmental authority authorized by law to receive reports of child abuse.

**Communicable Diseases.** We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or who might otherwise be at risk of contracting or spreading the disease or condition. Your name will be protected to the extent permitted by law.

**Health Oversight.** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensures. These activities are necessary for the government to monitor the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Food and Drug Administration (FDA).** We may disclose your protected health information to a person or company required by the FDA to:

- Report adverse reactions, product defects or problems, and biologic product deviations

- Track products

- Enable product recalls

- Make repairs or replacements

- Conduct post-marketing surveillance as required.

**Legal Proceedings.** We may release protected health information about you in response to a court or administrative order if you are involved in a lawsuit or a dispute. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request. **Law Enforcement.** We may release health information if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, summons or similar process

- To identify or locate a suspect, fugitive, material witness or missing person

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement

- About a death we believe may be the result of criminal conduct

- About criminal conduct at the clinic

In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Funeral Directors, and Organ Donations.** We may disclose your health information to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine the cause of death. We may also disclose protected health information to funeral directors as authorized by law to assist them in carrying out their duties. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donations if you agree to organ donation. **Research.** Under certain circumstances, we may use and disclose your protected health information for research purposes. For example, researchers may conduct a project needing information on patients who have a specific medical condition. Before your information is made available, the research project will have been approved by the NYC DOHMH Institutional Review Board (IRB), which will ensure that your confidentiality will be upheld. **Parental Access.** Various New York State laws determine what protected health information can be disclosed to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law and will make disclosures only when necessary. **Workers' Compensation.** We may release your health information to comply with workers' compensation laws and other similar legally established programs. These programs provide benefits for work-related injuries or illnesses.

**Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. You may be contacted by the clinic, or by third-parties that assist us, regarding general health-related products and services and/or health-related products and services targeted to your specific health status or condition, but only where we believe those products and services may benefit you. If the communication is targeted to you, it must explain why you were targeted and how the product or service relates to your health. Any communication you receive from the clinic or a third-party must identify the clinic as the source of the communication, tell you whether we received any payment for making the communication, and contain instructions about how you may request that we not contact you further about such health-related products and services.

**Criminal Activity.** Under certain Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Inmates.** Should you be an inmate of a correctional institution, we may disclose to the institution or its' agents health information necessary for your health and the health and safety of other individuals.

**Military Activity and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Individuals Involved in Your Health Care.** Unless you object, we may use or disclose health information to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present, you will have an opportunity to object to this type of use or disclosure. If you are unable to decide or if it is an emergency, we may disclose information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Although your health record is the physical property of the clinic, the information belongs to you. You have the following rights regarding your protected health information. You may make any of the following requests contacting our office manager Yelena at 718-520-8585. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain your health information. This is information that may be used to make decisions about your care and usually includes medical and billing records. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to laws that prohibit access.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. **Right to Request Amendment.** If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend (change or add to) the information. You have the right to request an amendment for as long as the information is kept by or for the clinic.

We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment

- Is not part of the health information kept by or for the clinic

- Is not part of the information which you would be permitted to inspect and copy

- Is accurate and complete

**Right to an Accounting of Disclosures.** You have the right to an accounting of disclosures.

This is a list of where we have sent your protected health information that does not include disclosures made for treatment, payment, or health care operations as described in this notice. Your request must state a time period beginning on or after April 14, 2003, and no more than 6 years from the date of request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. To request a restriction, please contact Yelena at 718-520-8585. We are not required to agree to your request.

**Right to Request Confidential Communications.** You may request that we communicate with you using alternative means or at an alternative location. For example, you may ask that we contact you at work or by mail. You may also ask that we mail information to you in a closed envelope rather than a postcard.

To request confidential communications, contact Yelena at 718-520-8585. Your request must specify how or where you wish to be contacted. If you receive services at more than one clinic, you must make a separate request to each.

**Right to Obtain a Copy of this Notice.** You have the right to a paper copy of this notice. You may request a copy of this notice at any time. To obtain a copy of this notice, please contact our office manager Yelena at 718- 520 -8585.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and this notice. We reserve the right to make the changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of our current notice at each of our clinic locations. The effective date will be noted at the top middle of the first page and the bottom right of the last page of the notice. In addition, a copy of the current notice will be made available to you each time there is a revision. You may request a copy of our notice at any time.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Practice's Privacy Office. We will not take action against you for filling a complaint.

#### **OTHER USES OF YOUR HEALTH INFORMATION**

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission and that we are required to retain in our records of the care that we provided to you.

**Effective: April 14, 2003**

I, \_\_\_\_\_, acknowledge that I have been provided with a copy of Dr. T's Pediatrics HIPAA Privacy Notice.

Date \_\_\_\_\_, 200\_ \_\_\_\_\_